Jenni Lane Ann Arbor, Michigan

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Dear Members of the Michigan House Health Policy Committee:

I understand that you are considering omnibus legislation that could, among other things, severely burden a woman's access to abortion services in Michigan. In addition to making it impossible for quality, reputable health centers to offer abortions, the bill would ban any woman from receiving those services after 20 weeks, regardless of the health consequences.

It is beyond my comprehension that you as policymakers would dare come between a woman and her doctor. You have no right to legislate what should only be a personal decision based upon faith and objective medical advice.

When I was pregnant with my second child, I went to my doctor for an ultrasound. Since I'd been blessed with a smooth pregnancy before, and since my daughter was excited about my growing belly, my husband and I brought her to the ultrasound appointment. There, we learned the sex of our baby – a boy! – and watched him move around. Sylvia had named him "Blobbie," since on his earlier ultrasound pictures he looked like a blob, and we started to get excited about her little brother and our son.

However, that night, we got a call from the hospital, saying that "Blobbie" had a rare brain malformation, and he was missing an important part of his brain. The subsequent week is a blur in my memory. We learned more about his condition, went to appointments with specialists for testing, and ultimately, consulted with genetic counselors to understand our options.

We learned that he was unlikely to live to his full term, and we had the option to terminate the pregnancy. However, since some women would choose to carry the baby as long as possible, my physicians made it clear that the choice to have an abortion was mine to make. It was clear that early induction of labor would be the safest process, and frankly, I was grieving and did not want to stay pregnant when I knew I would lose my baby. Still, choosing to end a wanted pregnancy was incredibly difficult, and so deeply sad.

I was in the hospital for three days, much of that time waiting for labor to be triggered by the drugs I was given. We held our stillborn baby and said goodbye to him through our

tears. We named him Robert – the long version of "Blobbie" – and later, let our daughter choose his middle name. He is Robert Brother to us. The following week, I was given medical leave from work, and cried for the whole week straight.

Somehow I emerged, received counseling and support from family and friends, and we began to plan for another baby. Thankfully, I got pregnant again easily, though we were tentative the whole pregnancy. I had a fast, easy labor. In November, I celebrated the fifth birthday of my beloved youngest daughter, Julia, and my husband and I told her her birth story as we tucked her in.

I share these details because, while they are very sad to me, they would have been much less bearable if the law had forced me to carry the doomed pregnancy to term. I don't like to think how I might have felt waiting to lose Robert, with people smiling at my pregnant body and holding doors open for me, while I grieved privately. And I am grateful that access to safe, quality medical care with Robert did not impair my ability to have a healthy pregnancy and labor with Julia.

Some friends and family members do not think that what we experienced was "abortion." Because I was married, had a planned pregnancy, had a child already – that my situation was different. However, I know from deep within that deciding to end a pregnancy is personal, and the reasons vary widely. My story is one of many. Through my healing, I was amazed at how many people I became connected to who had been through similar situations. Ending a pregnancy is painful enough. It is my plea that you respect the range of women's complex experiences and not increase their burden in a difficult time.

Respectfully,

Jenni Lane